Debtor 1	Julie Jane Dombi	row		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	PF MICHIGAN	
Case number	19-41211-mbm			
(if known)				☐ Check if this is an amended filing
Official Fo	orm 106Sum			g
		and Liabilities ar	nd Certain Statistical Information	12/15

your original forms, you must fill out a new Summary and check the box at the top of this page. Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 12,851.00 1c. Copy line 63, Total of all property on Schedule A/B..... 12.851.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 7,200.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 4,244.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 14,411.64 Your total liabilities | \$ Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 3,416.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 3.411.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

Best Case Bankruptcy

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______4,916.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total cl	aim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	244.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	4,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	4,244.00

Fill in this infe	ormation to identify your case	and this filing:		
		and this ming.		
Debtor 1	Julie Jane Dombrow First Name	Middle Name Last Name		
Debtor 2	-			
(Spouse, if filing)	First Name	Middle Name Last Name		
United States I	Bankruptcy Court for the: EAS	TERN DISTRICT OF MICHIGAN		
Case number	19-41211-mbm			☐ Check if this is an
				amended filing
Official F	orm 106A/B			
Schedu	ile A/B: Propert	ty		12/15
think it fits best. information. If m Answer every qu	Be as complete and accurate as ore space is needed, attach a septestion.	s. List an asset only once. If an asset fits in more than o possible. If two married people are filing together, both a arate sheet to this form. On the top of any additional pag d, or Other Real Estate You Own or Have an Interest In	re equally responsible	for supplying correct
1. Do you own o	r have any legal or equitable inter	est in any residence, building, land, or similar property?		
No. Go to F	Part 2.			
☐ Yes. Where	e is the property?			
Part 2: Describ	pe Your Vehicles			
3. Cars, vans, □ No ■ Yes	trucks, tractors, sport utility v	rehicles, motorcycles		
3.1 Make:	Hyundai	Who has an interest in the property? Check one		ured claims or exemptions. Put
Model:	Elantra	Debtor 1 only		secured claims on Schedule D: re Claims Secured by Property.
Year:	2013	Debtor 2 only	Current value of t	
Approxim Other info	nate mileage: 106,373	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
	,	Check if this is community property (see instructions)	\$5,500	.00 \$5,500.00
		and other recreational vehicles, other vehicles, and vatercraft, fishing vessels, snowmobiles, motorcycle a		
■ No				
☐ Yes				
		wn for all of your entries from Part 2, including an		\$5,500.00
			L	
	e Your Personal and Household r have any legal or equitable i	Items nterest in any of the following items?		Current value of the portion you own? Do not deduct secured
S Household	goods and furnishings			claims or exemptions.
	goods and furnishings	os china kitchanwara		

Official Form 106A/B

□ No

page 1

Schedule A/B: Property

De	ebtor 1	Julie Jane D	ombrow	Case number (if known	19-41211-mbm
	Yes.	Describe			
			Household Goods & Furnishings		\$3,000.00
	□ No	es: Televisions a	nd radios; audio, video, stereo, and digital equipment; phones, cameras, media players, games	computers, printers, scanners; music	collections; electronic devices
			Television		\$200.00
	Exampl ■ No		figurines; paintings, prints, or other artwork; books, pio ons, memorabilia, collectibles	ctures, or other art objects; stamp, coin	n, or baseball card collections;
9.	Example No	musical instru	graphic, exercise, and other hobby equipment; bicycle	s, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
10.	Firearn Examp		s, shotguns, ammunition, and related equipment		
			Handgun		\$350.00
	□ No		othes, furs, leather coats, designer wear, shoes, acces	sories	
			Clothing		\$1,000.00
	□ No		welry, costume jewelry, engagement rings, wedding rir	ngs, heirloom jewelry, watches, gems,	gold, silver
			Jewelry		\$100.00
14.	Examp ■ No □ Yes. Any ot ■ No	rm animals bles: Dogs, cats, Describe her personal an Give specific inf	d household items you did not already list, includir	ng any health aids you did not list	
15			of all of your entries from Part 3, including any enti		\$4,650.00

Official Form 106A/B Schedule A/B: Property

page 2

De	ebtor 1	Julie Jane [Dombrow			Case number (if known)	19-41211-mbm
Pa	rt 4: De	escribe Your Finar	ncial Assets				
			legal or equitable	interest in any o	of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	■ No		have in your wallet		n a safe deposit box, and on hand w	when you file your petitic	n
17.					certificates of deposit; shares in crethe same institution, list each.	edit unions, brokerage h	ouses, and other similar
	Yes.				Institution name:		
			17.1. Check	ing	Credit Union One		\$1,000.00
18.			, or publicly traded s, investment accou		ge firms, money market accounts		
	☐ Yes.		Institution	n or issuer name	:		
19.	joint	oublicly traded s venture	stock and interests	in incorporated	d and unincorporated businesses	s, including an interest	in an LLC, partnership, and
	■ No □ Yes.	. Give specific in	formation about the Name of enti			% of ownership:	
20.	Nego Non-r ■ No	tiable instrument negotiable instrur	s include personal oments are those you	checks, cashiers' I cannot transfer	e and non-negotiable instruments checks, promissory notes, and mo to someone by signing or delivering	ney orders.	
	☐ Yes.	. Give specific inf	formation about the Issuer name:				
21.		ement or pension opples: Interests in		n, 401(k), 403(b)	, thrift savings accounts, or other pe	ension or profit-sharing p	olans
		. List each accou	int separately. Type of accoun	ıt:	Institution name:		
			401(k)		Mutual of Omaha		\$100.00
22.	Your : Exam		ed deposits you hav		you may continue service or use fro utilities (electric, gas, water), telec		ies, or others
	■ No □ Yes.	i			Institution name or individual:		
23.	Annui ■ No	ities (A contract f	for a periodic payme	ent of money to y	ou, either for life or for a number of	years)	
	☐ Yes.	ls	ssuer name and des	scription.			
24.			ion IRA, in an acco 529A(b), and 529(b		ed ABLE program, or under a qua	alified state tuition pro	gram.
		Ir	nstitution name and	description. Sep	parately file the records of any interest	ests.11 U.S.C. § 521(c):	
25.	Trusts	s, equitable or fu	uture interests in p	property (other t	han anything listed in line 1), and	d rights or powers exe	rcisable for your benefit

Official Form 106A/B Schedule A/B: Property page 3

D	ebtor 1	Julie Jane Dombrow		Ca	ase number (if known)	19-41211-mbm
	☐ Yes.	Give specific information about th	iem			
26		s, copyrights, trademarks, trade les: Internet domain names, webs			S	
	■ No □ Yes.	Give specific information about the	iem			
27		es, franchises, and other generalles: Building permits, exclusive lic		oldings, liquor license	es, professional license	es
	■ No □ Yes.	Give specific information about the	iem			
М		property owed to you?				Current value of the
	oo, o. ₁	stopolity chica to you.				portion you own? Do not deduct secured claims or exemptions.
28	. Tax ref □ No	unds owed to you				
	Yes.	Give specific information about the	em, including whether you alread	y filed the returns and	I the tax years	
			2018 Anticipated Accrued	Tay Pafunda		
			(est)	rax Refunds	Federal and Sta	te \$1,600.00
29	■ No	support les: Past due or lump sum alimon Give specific information	y, spousal support, child support	maintenance, divorc	e settlement, property	settlement
30		amounts someone owes you bles: Unpaid wages, disability insu benefits; unpaid loans you m		ts, sick pay, vacation	pay, workers' comper	nsation, Social Security
	■ No □ Yes.	Give specific information				
31		ts in insurance policies bles: Health, disability, or life insur	ance; health savings account (HS	SA); credit, homeowne	er's, or renter's insuran	nce
		Name the insurance company of e Company n		Beneficiary	:	Surrender or refund value:
		Term Life	Insurance			\$1.00
32	If you a someo	erest in property that is due you are the beneficiary of a living trust, ne has died. Give specific information		rance policy, or are cu	urrently entitled to rece	eive property because
33	_Examp	against third parties, whether of			or payment	
	■ No □ Yes.	Describe each claim				
34	. Other c	contingent and unliquidated cla	ims of every nature, including o	counterclaims of the	debtor and rights to	set off claims
	■ No □ Yes.	Describe each claim				

Official Form 106A/B Schedule A/B: Property page 4

Debt	or 1 Julie Jane Dombrow		Case number (if known)	19-41211-mbm
35. /	any financial assets you did not already list			
	No			
	Yes. Give specific information			
36.	Add the dollar value of all of your entries from Part 4, includin for Part 4. Write that number here			\$2,701.00
Part	Describe Any Business-Related Property You Own or Have an Inter	rest In. List any real esta	ate in Part 1.	
37. D	o you own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	ı Own or Have an Interes	st In.	
46 Г	Oo you own or have any legal or equitable interest in any farm-	or commercial fishin	ng-related property?	
	No. Go to Part 7.		ig rolatou proporty :	
	☐ Yes. Go to line 47.			
	_ 1.05. GO to mile 11.			
Part	7: Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
	Oo you have other property of any kind you did not already list Examples: Season tickets, country club membership	?		
	No			
	Yes. Give specific information			
_			ŗ	
54.	Add the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
			l	
Part	List the Totals of Each Part of this Form			
55	Part 1: Total real estate, line 2			\$0.00
	Part 2: Total vehicles, line 5	\$5,500.00		φυ.υυ
	Part 3: Total personal and household items, line 15	\$4,650.00		
	Part 4: Total financial assets, line 36	\$2,701.00		
	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$12,851.00	Copy personal property to	otal \$12,851.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$12,851.00
			ı	

Official Form 106A/B Schedule A/B: Property page 5

Fill in this information to identify your case:									
Debtor 1	Julie Jane Dombr	ow							
	First Name	Middle Name	Last Name						
Debtor 2									
(Spouse if, filing)	First Name	Middle Name	Last Name						
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN						
Case number	19-41211-mbm								
(if known)	TO TIZIT HIDH				Check if this is an amended filing				

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

	Tou are claiming state and rederal nonbar	ikruptcy exemptions.	11 0.8	S.C. § 522(D)(3)								
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)										
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.											
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B Amount of the exemption you claim Check only one box for each exemption.		Specific laws that allow exemption								
	Household Goods & Furnishings Line from Schedule A/B: 6.1	\$3,000.00		\$3,000.00	11 U.S.C. § 522(d)(3)							
	Line nom Schedule A/D. 4.1			100% of fair market value, up to any applicable statutory limit								
	Television Line from Schedule A/B: 7.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(3)							
	Line nom Schedule A/D. 7.1			100% of fair market value, up to any applicable statutory limit								
	Handgun Line from Schedule A/B: 10.1	\$350.00		\$350.00	11 U.S.C. § 522(d)(3)							
	Line Holli Schedule PAB. 10.1			100% of fair market value, up to any applicable statutory limit								
	Clothing Line from Schedule A/B: 11.1	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)							
	Line nom Schedule A/D. 1111		100% of fair market value, up to any applicable statutory limit									
	Jewelry Line from Schedule A/B: 12.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(4)							
	LINE HOLL SCHEUUIE PAD. 12.1			100% of fair market value, up to any applicable statutory limit								

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	portion you own Copy the value from Check only one box for each exemption.		Specific laws that allow exemption
Checking: Credit Union One Line from Schedule A/B: 17.1	\$1,000.00	\$1,000.00 ■		11 U.S.C. § 522(d)(5)
Line Holli Goricadie 74 B. TTT			100% of fair market value, up to any applicable statutory limit	
401(k): Mutual of Omaha Line from Schedule A/B: 21.1	\$100.00		100%	11 U.S.C. § 522(d)(12)
Line Holli Goreage 745. 21.1			100% of fair market value, up to any applicable statutory limit	
Federal and State: 2018 Anticipated Accrued Tax Refunds (est)	\$1,600.00		\$1,600.00	11 U.S.C. § 522(d)(5)
Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
Term Life Insurance Line from Schedule A/B: 31.1	\$1.00			11 U.S.C. § 522(d)(7)
Line from <i>Scheaule A/B</i> : 31.1			100% of fair market value, up to any applicable statutory limit	
3. Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No □ Yes. Did you acquire the property cover □ No □ Yes	y 3 years after that for ca	ses fi	,	,

1	ir to lacitary you	ır case:				
_	ulie Jane Dom					
	st Name	Middle Name La	st Name			
Debtor 2 (Spouse if, filing) Fir	st Name	Middle Name La	st Name			
United States Bankrup	otcy Court for the	EASTERN DISTRICT OF MICHIGA	AN			
0	1044					
Case number 19-41	1211-mbm				☐ Check	if this is an
()						ded filing
						3
Official Form 10	<u> 06D</u>					
Schedule D:	Creditors	Who Have Claims Se	cured	by Propert	у	12/15
		If two married people are filing together, I out, number the entries, and attach it to the				
number (if known).	monai Page, iii it	out, number the entries, and attach it to tr	iis ioiiii. Oii	the top of any addition	nai pages, write your na	ille allu case
1. Do any creditors have	claims secured b	y your property?				
☐ No. Check this	box and submit t	his form to the court with your other sch	edules. Yo	u have nothing else t	o report on this form.	
Yes. Fill in all o	f the information	below.				
Part 1: List All Sed	ured Claims					
				0-1	O-1	Column C
2. List all secured claim	If a creditor has	more than one secured claim, list the creditor	senarately	Column A	Column B	Columnic
for each claim. If more th	an one creditor has	more than one secured claim, list the creditors a particular claim, list the other creditors in lead order according to the creditor's name.		Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
for each claim. If more th	an one creditor has claims in alphabet	a particular claim, list the other creditors in	Part 2. As	Amount of claim	Value of collateral	Unsecured
for each claim. If more the much as possible, list the	an one creditor has claims in alphabet	s a particular claim, list the other creditors in cal order according to the creditor's name.	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union Creditor's Name	an one creditor has claims in alphabet	s a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union Creditor's Name Attn: Bankrup	an one creditor has claims in alphabet DNE	s a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the call of the control of	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union Creditor's Name	an one creditor has claims in alphabet DNE otcy Mile Road	s a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the calculated and the property that secures the calculated and the control of the control of the calculated and the control of the calculated and the control of the calculated and the ca	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union Creditor's Name Attn: Bankrup 400 East Nine	an one creditor has claims in alphabet DNE stcy Mile Road 8220	s a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the calculated according to the creditor's name. Describe the property that secures the calculated according to the property that secures the calculated according to the creditor's name.	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union Concept Shame Attn: Bankrup 400 East Nine Ferndale, MI 4	an one creditor has claims in alphabet DNE stcy Mile Road 8220	s a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the calculate and the calculat	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union Concept Shame Attn: Bankrup 400 East Nine Ferndale, MI 4	on one creditor has claims in alphabet DNE Steep Mile Road 8220 State & Zip Code	s a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the calculated according to the creditor's name. Describe the property that secures the calculated according to the property that secures the calculated according to the creditor's name.	Part 2. As	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union (Creditor's Name Attn: Bankrup 400 East Nine Ferndale, MI 4 Number, Street, City, C	on one creditor has claims in alphabet DNE Steep Mile Road 8220 State & Zip Code	s a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the calculate and the calculate and the property that secures the calculate and the calculate	claim: niles	Amount of claim Do not deduct the value of collateral. \$7,200.00	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union (Creditor's Name Attn: Bankrup 400 East Nine Ferndale, MI 4 Number, Street, City, 3 Who owes the debt? (Debtor 1 only	on one creditor has claims in alphabet DNE Steep Mile Road 8220 State & Zip Code	as a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the calculated and the continuous secures the calculated and the claim is: Check apply. As of the date you file, the claim is: Check apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	claim: niles	Amount of claim Do not deduct the value of collateral. \$7,200.00	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union (Creditor's Name Attn: Bankrup 400 East Nine Ferndale, MI 4 Number, Street, City, S Who owes the debt? Company Debtor 1 only Debtor 2 only	on one creditor has claims in alphabet ONE otcy Mile Road 8220 State & Zip Code Check one.	as a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the calculated and the property that secures the calculated and the claim is: Checapply. As of the date you file, the claim is: Checapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as morth	claim: niles	Amount of claim Do not deduct the value of collateral. \$7,200.00	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union (Creditor's Name Attn: Bankrup 400 East Nine Ferndale, MI 4 Number, Street, City, 3 Who owes the debt? (Debtor 1 only	an one creditor has claims in alphabet DNE Atcy Mile Road 8220 State & Zip Code Check one.	as a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the calculate the property that secures the calculate	claim: niles	Amount of claim Do not deduct the value of collateral. \$7,200.00	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union (Creditor's Name Attn: Bankrup 400 East Nine Ferndale, MI 4 Number, Street, City, S Who owes the debt? Co Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2	an one creditor has claims in alphabet DNE Atcy Mile Road 8220 State & Zip Code Check one.	as a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the calculate the property that secures the calculate the calculate the property that secures the calculate the property that secures the calculate the property that secures the calculate that the claim is: Checapply. As of the date you file, the claim is: Checapply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mort car loan) Statutory lien (such as tax lien, mechan	claim: niles	Amount of claim Do not deduct the value of collateral. \$7,200.00	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union (Creditor's Name Attn: Bankrup 400 East Nine Ferndale, MI 4 Number, Street, City, S Who owes the debt? (Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the del Check if this claim re	one creditor has claims in alphabet ONE Otcy Mile Road 8220 State & Zip Code Check one.	as a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the call of the claim is: Checal of the cla	claim: niles	Amount of claim Do not deduct the value of collateral. \$7,200.00	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union (Creditor's Name Attn: Bankrup 400 East Nine Ferndale, MI 4 Number, Street, City, 3 Who owes the debt? Company Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the del Check if this claim recommunity debt	one creditor has claims in alphabet ONE Otcy Mile Road 8220 State & Zip Code Check one.	as a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the call of the date you file, the claim is: Checaply. As of the date you file, the claim is: Checaply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mort car loan) Statutory lien (such as tax lien, mechant Judgment lien from a lawsuit Other (including a right to offset)	claim: niles skall that gage or secu	Amount of claim Do not deduct the value of collateral. \$7,200.00	Value of collateral that supports this claim	Unsecured portion If any
for each claim. If more the much as possible, list the 2.1 Credit Union (Creditor's Name Attn: Bankrup 400 East Nine Ferndale, MI 4 Number, Street, City, S Who owes the debt? (Company) Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the delegate of the community debt Date debt was incurred Add the dollar value of	an one creditor has claims in alphabet DNE Atcy Mile Road 8220 State & Zip Code Check one. 2 only otors and another elates to a 2015	as a particular claim, list the other creditors in cal order according to the creditor's name. Describe the property that secures the call of the date you file, the claim is: Checaply. As of the date you file, the claim is: Checaply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mort car loan) Statutory lien (such as tax lien, mechant Judgment lien from a lawsuit Other (including a right to offset)	claim: niles gage or secu	Amount of claim Do not deduct the value of collateral. \$7,200.00	Value of collateral that supports this claim \$5,500.00	Unsecured portion If any

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

Fill	l in this info	ormation to identify your	case:					
De	btor 1	Julie Jane Dombr	ow					
		First Name	Middle Name	Last Nar	ne			
1	btor 2 ouse if, filing)	First Name	Middle Name	Last Nar	ne			
Uni	ited States E	Bankruptcy Court for the:	EASTERN DIS	TRICT OF MICHIGAN				
Co	se number	40 44044 mbm						
	nown)	19-41211-mbm					_	if this is an led filing
Sc	hedule	rm 106E/F E/F: Creditors W						12/15
any Scho Scho left. nam	executory concedule G: Execution Execution C: Execution C: Execution C: Execution Execution C: Execution E	and accurate as possible. Us ontracts or unexpired leases cutory Contracts and Unexp ditors Who Have Claims Sec ontinuation Page to this pag number (if known). All of Your PRIORITY Un	that could result in ired Leases (Offici ured by Property. In ie. If you have no in	n a claim. Also list execut al Form 106G). Do not inc f more space is needed, c	ory contract lude any cre opy the Part	s on Schedule A/B: F ditors with partially s you need, fill it out,	Property (Official For secured claims that a number the entries i	m 106A/B) and on tre listed in In the boxes on the
		litors have priority unsecure		nu2				
٠.	□ No. Go to		u ciaiiiis agailist y	ou :				
	Yes.	Truit 2.						
2.	List all of you identify what possible, list	our priority unsecured claims type of claim it is. If a claim ha the claims in alphabetical orde re than one creditor holds a pa	as both priority and reaccording to the c	nonpriority amounts, list that reditor's name. If you have	claim here a	nd show both priority a	ind nonpriority amoun	ts. As much as
	(For an expla	anation of each type of claim, s	see the instructions	for this form in the instructio	n booklet.)	Total claim	Priority	Nonpriority
	7					Total olalli	amount	amount
2.1			Last 4	4 digits of account numbe	r	\$4,000.00	\$4,000.00	\$0.00
	,	Creditor's Name n IRS Center	When	was the debt incurred?	2018		_	
		6692 AUS C						
		n, TX 73301 Street City State Zip Code	As of	the date you file, the clain	n is: Check a	Il that apply		
		red the debt? Check one.	_	ontingent				
	Debtor	1 only	_	nliquidated				
	☐ Debtor	2 only		sputed				
		1 and Debtor 2 only		of PRIORITY unsecured c	laim:			
		one of the debtors and another	er 🗖 Do	omestic support obligations				
		if this claim is for a commun		ixes and certain other debts	VOLLOWE the	government		
		n subject to offset?	-	aims for death or personal in				
	■ No	•	_					
	☐ Yes		_ 0.	taxes				

7		Case nu	_			
Macomb County Friend of the Court	Last 4 digits of account number	19DM	\$244.00	\$0	.00	\$244.0
Priority Creditor's Name	When was the debt incurred?	2013				
40 N. Main Street Mount Clemens, MI 48043 Number Street City State Zip Code	As of the date you file, the claim		that apply			
Who incurred the debt? Check one.	☐ Contingent		,			
Debtor 1 only	☐ Unliquidated					
Debtor 2 only	Disputed					
Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	im:				
☐ At least one of the debtors and another	■ Domestic support obligations					
☐ Check if this claim is for a community debt	☐ Taxes and certain other debts y☐ Claims for death or personal inj					
■ No	☐ Other. Specify	,	nore interneuted			
□Yes	Child Supp	ort				
□ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim.	this form to the court with your other statements alphabetical order of the creditor laim. For each claim listed, identify what is the country of the creditor statements are statements.	who holds ea	im it is. Do not list clai	ims already inclu	ided in Par	t 1. If more
■ No. You have nothing to report in this part. Submit ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other	this form to the court with your other statements alphabetical order of the creditor laim. For each claim listed, identify what is the country of the creditor statements are statements.	who holds ea	im it is. Do not list clai	ims already inclu aims fill out the C	ided in Par continuation	t 1. If more n Page of
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other	this form to the court with your other statements alphabetical order of the creditor laim. For each claim listed, identify what is the country of the creditor statements are statements.	who holds eat type of cla han three no	im it is. Do not list clai	ims already inclu aims fill out the C	ided in Par	t 1. If more n Page of
No. You have nothing to report in this part. Submit Yes. ist all of your nonpriority unsecured claims in the nsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other eart 2. 21st Mortgage Corp Nonpriority Creditor's Name Attn: Legal Po Box 477	alphabetical order of the creditor aim. For each claim listed, identify who creditors in Part 3.lf you have more to	who holds eat type of clanan three noo	nim it is. Do not list clain priority unsecured claim priority under the priority	ims already inclu aims fill out the C	ided in Par continuation	t 1. If more n Page of
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other eart 2. 21st Mortgage Corp Nonpriority Creditor's Name Attn: Legal	alphabetical order of the creditor aim. For each claim listed, identify who creditors in Part 3.If you have more to Last 4 digits of account number.	who holds eat type of clanan three not er 1067 Open 1/25/1	nim it is. Do not list clainpriority unsecured clain priority unsecured clain priority unsecured clain priority unsecured clain priority unsecured claim priority unsecured	ims already inclu aims fill out the C	ided in Par continuation	t 1. If more n Page of
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other Part 2. 21st Mortgage Corp Nonpriority Creditor's Name Attn: Legal Po Box 477 Knoxville, TN 37901 Number Street City State Zip Code	alphabetical order of the creditor aim. For each claim listed, identify who creditors in Part 3.If you have more to the Last 4 digits of account numbers.	who holds eat type of clanan three not er 1067 Open 1/25/1	nim it is. Do not list clainpriority unsecured clain priority unsecured clain priority unsecured clain priority unsecured clain priority unsecured claim priority unsecured	ims already inclu aims fill out the C	ided in Par continuation	t 1. If more n Page of
→ No. You have nothing to report in this part. Submit → Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of han one creditor holds a particular claim, list the other Part 2. → 21st Mortgage Corp — Nonpriority Creditor's Name — Attn: Legal — Po Box 477 — Knoxville, TN 37901 — Number Street City State Zip Code — Who incurred the debt? Check one.	alphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.lf you have more to the Last 4 digits of account numb. When was the debt incurred? As of the date you file, the claim this form to the count of the count	who holds eat type of clanan three not er 1067 Open 1/25/1	nim it is. Do not list clainpriority unsecured clain priority unsecured clain priority unsecured clain priority unsecured clain priority unsecured claim priority unsecured	ims already inclu aims fill out the C	ided in Par continuation	t 1. If more n Page of
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other Part 2. 21st Mortgage Corp Nonpriority Creditor's Name Attn: Legal Po Box 477 Knoxville, TN 37901 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only	alphabetical order of the creditor aim. For each claim listed, identify with creditors in Part 3.If you have more to the Last 4 digits of account number when was the debt incurred? As of the date you file, the claim Contingent	who holds eat type of clanan three not er 1067 Open 1/25/1	nim it is. Do not list clainpriority unsecured clainpriority unsecured clain priority unsecured clain priority unsecured clain priority unsecured claim priority unsecured	ims already inclu aims fill out the C	ided in Par continuation	t 1. If more n Page of
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2. 21st Mortgage Corp Nonpriority Creditor's Name Attn: Legal Po Box 477 Knoxville, TN 37901 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	alphabetical order of the creditor aim. For each claim listed, identify who creditors in Part 3.If you have more to the Last 4 digits of account number. When was the debt incurred? As of the date you file, the claim Contingent Unliquidated	who holds eat type of clanan three not three n	nim it is. Do not list clainpriority unsecured clainpriority unsecured clain priority unsecured clain priority unsecured clain priority unsecured claim priority unsecured	ims already inclu aims fill out the C	ided in Par continuation	t 1. If more n Page of
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of han one creditor holds a particular claim, list the other Part 2. 21st Mortgage Corp Nonpriority Creditor's Name Attn: Legal Po Box 477 Knoxville, TN 37901 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt	alphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 4.If you have more to the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors in	who holds eat type of clanan three nor 1067 Open 1/25/4 im is: Check	ed 04/03 Last A	ims already inclu aims fill out the C	ided in Par continuation	t 1. If more n Page of
No. You have nothing to report in this part. Submit Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each chan one creditor holds a particular claim, list the other Part 2. 21st Mortgage Corp Nonpriority Creditor's Name Attn: Legal Po Box 477 Knoxville, TN 37901 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	alphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.lf you have more to the creditors in Part 3.lf you have more to the creditors in Part 3.lf you have more to the creditors in Part 3.lf you have more to the creditors in Part 3.lf you have more to the creditors in Part 3.lf you have more to the creditors in Part 4.lf you have more to the creditors in Part 4.lf you have more to the creditors of the cr	who holds eat type of clanan three nor 1067 Open 1/25/4 im is: Check	ed 04/03 Last A 18 all that apply	ims already inclu aims fill out the C active	ided in Par continuation	t 1. If more n Page of
Nonpriority Creditor's Name Attn: Legal Po Box 477 Knoxville, TN 37901 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	alphabetical order of the creditor laim. For each claim listed, identify who creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 3.If you have more to the creditors in Part 4.If you have more to the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors and the creditors in Part 4.If you have more to the creditors in	who holds eat type of clanan three nor 1067 Open 1/25/1 im is: Check ured claim: eparation ago	ed 04/03 Last A 18 all that apply	ims already inclu aims fill out the C active	ided in Par continuation	t 1. If more n Page of

Debtor	1 Julie Jane Dombrow		Case number (if known)	19-41211-mbm	
4.2	Great American Finance Nonpriority Creditor's Name	Last 4 digits of account number	2685		\$87.00
	Attn: Bankruptcy 20 N Wacker Dr. Suite 2275 Chicago, IL 60606	When was the debt incurred?	Opened 09/12 Last 2/10/14	Active	
-	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce	that you did not	
	_	Debts to pension or profit-shari	ng plans, and other similar de	hte	
	■ No		•	:015	
	Yes	Other. Specify Household	1 Goods		
4.3	HC Processing Center Nonpriority Creditor's Name	Last 4 digits of account number	2160		\$6,398.00
	Attention Bankruptcy 203 E Emma Ave Ste A	When was the debt incurred?	2017		
	Springdale, AR 72764 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	7.0 0 unio you,	ioi chicon an anat appry		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	□ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar de	ebts	
	Yes	Other. Specify Credit Care	d		
4.4	HC Processing Center	Last 4 digits of account number	2160		\$1,644.00
	Nonpriority Creditor's Name Attention Bankruptcy	-	Opened 01/17 Last	Active	
-	203 E Emma Ave Ste A Springdale, AR 72764	When was the debt incurred?	11/03/18		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce	that you did not	
	No	Debts to pension or profit-shari	ng plans, and other similar de	ebts	
	□ Yes	, , ,	• •		
	L res	Other. Specify Credit Care	<u>u</u>		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor	1 Julie Jane Dombrow		Case number (if known)	19-41211-mbm				
4.5	HCS Health Credit Services Nonpriority Creditor's Name	Last 4 digits of account number	8823		\$507.64			
	P.O. Box 603555 Charlotte, NC 28260-3555	When was the debt incurred?	2018					
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.	•	,					
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a sep	aration agreement or divorce	that you did not				
	No	report as priority claims Debts to pension or profit-shari	ng plans, and other similar de	ahte				
	Yes	■ Other. Specify medical	ig plants, and outer cirrillar de					
4.6	Social Security Administration	Last 4 digits of account number			\$1,550.00			
	Nonpriority Creditor's Name P.O. Box 3430 Philadelphia, PA 19122	When was the debt incurred?	2018					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another							
	\square Check if this claim is for a community							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not				
	No	Debts to pension or profit-shari	ng plans, and other similar de	ebts				
	☐ Yes	Other. Specify overpayme						
Part 3:		•						
is tryi have ı	nis page only if you have others to be notified ng to collect from you for a debt you owe to s more than one creditor for any of the debts the ed for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor in hat you listed in Parts 1 or 2, list the add	n Parts 1 or 2, then list the o	collection agency here. S	Similarly, if you			
	nd Address	On which entry in Part 1 or Part 2 did you	list the original creditor?					
	l Lang		Part 1: Creditors with Priori	-				
	Marnoor MI 48317		Part 2: Creditors with Nonp	priority Unsecured Claims				
		Last 4 digits of account number						
	nd Address	On which entry in Part 1 or Part 2 did you	ı list the original creditor?					
MISDU	J Box 30351		Part 1: Creditors with Priori	-				
	ng, MI 48909-7851		Part 2: Creditors with Nonp	priority Unsecured Claims				
	3,	Last 4 digits of account number						
Name a	nd Address	On which entry in Part 1 or Part 2 did you	ı list the original creditor?					
	Security Administration		Part 1: Creditors with Priori	ity Unsecured Claims				
Great Cente	Lakes Program Service		Part 2: Creditors with Nonp	oriority Unsecured Claims				
	r ⁄. Madison St.							
	go, IL 60661							
		Last 4 digits of account number						

Part 4: Add the Amounts for Each Type of Unsecured Claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 5

^{6.} Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 244.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 4,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 4,244.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 14,411.64
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 14,411.64

Fill in this infor						
Debtor 1	Julie Jane Dombr					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN			
Case number	19-41211-mbm					
(if known)	13 41211 1115111				_	Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number	whom you have the , Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.4	Oity		Otato	Zii Gode	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5	Oity		State	Zii Code	
0	Name				_
	Number	Street			_
	City		Ctata	7ID Code	_
	City		State	ZIP Code	

				_	
Fill in this	information to identify your	case:			
Debtor 1	Julie Jane Domb	row			
5.1.	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	EASTERN DISTRICT	OF MICHIGAN		
Case numb	per 19-41211-mbm				☐ Check if this is an amended filing
Official	I Form 106H				
Sched	ule H: Your Cod	ebtors			12/15
people are fill it out, ar	filing together, both are equ	ally responsible for sup boxes on the left. Atta	oplying correct informations the Additional Page to	on. If more space is no	ite as possible. If two married eeded, copy the Additional Page, of any Additional Pages, write
1. Do y	you have any codebtors? (If	you are filing a joint case	e, do not list either spouse a	as a codebtor.	
■ No □ Yes	6				
Arizona No.	nin the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. b. Did your spouse, former spou	Nevada, New Mexico, F	Puerto Rico, Texas, Washir		states and territories include
in line Form	2 again as a codebtor only i	f that person is a guara	intor or cosigner. Make s	ure you have listed th	g with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The cre Check all schedule	ditor to whom you owe the debt s that apply:
3.1	Name			☐ Schedule D, line ☐ Schedule E/F, li ☐ Schedule G, line	ne
	Number Street City	State	ZIP Code	-	
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, li ☐ Schedule G, line	ne
	Number Street City	State	ZIP Code	-	

							•				
	in this information to btor 1	o identify your ca Julie Jane D					-				
	btor 2	Julie Jane D	OHIDIOW			_					
(Spc	ouse, if filing)										
Uni	ited States Bankrup	tcy Court for the	EASTERN DISTRICT	OF MICHIGAN		_					
		41211-mbm		=			Chec	ck if this is	:		
(If Kr	nown)						l	An amende	J		-1
										g postpetition ollowing date:	
0	fficial Form	106I					Ī	/IM / DD/ \	YYYY		
S	chedule I: `	Your Inc	ome								12/1
atta Par	rt 1: Describe	et to this form.	r spouse is not filing w On the top of any additi								
1.	Fill in your emploinformation.	oyment		Debtor 1	Debtor 1				2 or non-fi	ling spouse	
	If you have more		Employment status	■ Employed				☐ Empl	oyed		
	information about	attach a separate page with information about additional	p.:0,000	☐ Not employed				☐ Not e	employed		
	employers.		Occupation	Floor sup							
	Include part-time, self-employed wo		Employer's name	Mayco Internation	onal						
	Occupation may in or homemaker, if		Employer's address	42400 Merrill Sterling Heights	s, MI 48	314					
			How long employed t	here? 22 year	s			_			
Pai	rt 2: Give Det	tails About Mor	thly Income								
	imate monthly inco		ate you file this form. If	you have nothing to re	eport for	any	line, write	e \$0 in the	space. Inc	clude your no	n-filing
	ou or your non-filing e space, attach a se		ore than one employer, co	ombine the information	n for all e	empl	oyers for	that perso	on on the li	nes below. If	you need
							For De	btor 1		btor 2 or ng spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$	2	,946.00	\$	N/A	
3.	Estimate and list	t monthly overt	ime pay.		3.	+\$	1	,970.00	+\$	N/A	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	4.9	16.00	\$	N/A	

Yes. Explain:

	in this information	Constant describer									
FIII	in this informat	tion to identify yo	our case:								
Deb	tor 1	Julie Jane De	ombrow				Cł	neck	if this is:		
<u>.</u>									n amended filing		
!	tor 2 buse, if filing)									ving postpetition cha the following date:	pter
(Spc	ouse, ii iiiirig)							1,	s expenses as or	the following date.	
Unit	ed States Bankri	uptcy Court for the:	: EASTE	RN DISTRICT OF MIC	CHIGA	<u>N</u>		M	IM / DD / YYYY		
Cas	e number 19	-41211-mbm									
(If kı	nown)										
Of	fficial Fo	rm 106J									
		J: Your I	Evnor	1606							40/4E
				ISES . If two married peop	la ava	filing together be	4h ara a		ly roomanaible fa		12/15
info	ormation. If m		eded, atta	ch another sheet to							
Dor	Docor	ibe Your House	hold								
Par 1.	Is this a join		noia								
	■ No. Go to										
			in a conar	ate household?							
			n a sepan	ate nousenoid?							
				15 40010 5	,	0					
	LI Ye	es. Debtor 2 mus	st file Offici	al Form 106J-2, Expe	enses to	or Separate Housel	hold of D	ebto	r 2.		
2.	Do you have	e dependents?	☐ No								
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information each dependent		Dependent's relation Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	
	Do not ototo	th a								□ No	
	Do not state dependents i					Son			16	■ Yes	
								_		□ No	
						Son			17	■ Yes	
										□ No	
										☐ Yes	
								_		□ res	
										☐ Yes	
3.	Do your exp	enses include	_	No				_		— 103	
	expenses of	people other the	han 👝	Yes							
	yourself and	d your depende	nts? ⊔	res							
Par	t 2: Estima	ate Your Ongoi	na Monthi	v Fynenses							
				uptcy filing date unle	ess you	u are using this fo	rm as a	sup	plement in a Cha	pter 13 case to rep	ort
ехр				y is filed. If this is a s							
Incl	lude evnense	s naid for with r	non-cash	government assistar	nce if v	you know					
	•	•		luded it on Schedul	-						
(Off	ficial Form 10	6I.)							Your expe	enses	
							_				
4.				ses for your residen	ice. Inc	lude first mortgage	. 1	\$		750.00	
	payments an	d any rent for the	e ground o	r lot.			4.	φ		700.00	
	If not includ	ed in line 4:									
	4a. Real e	state taxes					4a.	\$		0.00	
	4b. Proper	rty, homeowner's	s, or renter	's insurance			4b.	\$		0.00	
	4c. Home	maintenance, re	pair, and ι	ıpkeep expenses			4c.	\$		0.00	
		owner's associat					4d.			0.00	
5.	Additional n	nortgage payme	ents for yo	our residence, such a	as home	e equity loans	5.	\$		0.00	

Schedule J: Your Expenses 19-41211-mbm Doc 8 Filed 02/11/19 Entered 02/11/19 09:40:20 Page 20 of 29 Official Form 106J page 1

ebtor 1 Ju	ılie Jane Dombrow	Case num	ber (if known)	19-41211-mbm
Utilities:	:			
	ectricity, heat, natural gas	6a.	\$	177.00
	ater, sewer, garbage collection	6b.	\$	0.00
6c. Tel	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	230.00
	ther. Specify:	6d.	\$	0.00
	nd housekeeping supplies	7.	\$	698.00
	re and children's education costs	8.	\$	0.00
Clothing	g, laundry, and dry cleaning	9.	\$	115.00
_	al care products and services	10.	\$	92.00
	and dental expenses	11.	\$	96.00
	ortation. Include gas, maintenance, bus or train fare.		<u> </u>	
	nclude car payments.	12.	\$	377.00
Entertair	nment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
Charitab	ole contributions and religious donations	14.	\$	0.00
. Insuranc	ce.			
	nclude insurance deducted from your pay or included in lines 4 or 20.			
	fe insurance	15a.	· · · · · · · · · · · · · · · · · · ·	0.00
	ealth insurance	15b.	· · · · · · · · · · · · · · · · · · ·	0.00
	ehicle insurance	15c.	\$	200.00
	ther insurance. Specify:	15d.	\$	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.	40	Φ.	
Specify:		16.	\$	0.00
	ent or lease payments: ar payments for Vehicle 1	170	¢	246.00
	• •	17a.	\$ \$	216.00
	ar payments for Vehicle 2	17b.	·	0.00
	ther. Specify:	17c.	·	0.00
	ther. Specify:	17d.	>	0.00
	yments of alimony, maintenance, and support that you did not report of from your pay on line 5, Schedule I, Your Income (Official Form 106)		\$	240.00
	ayments you make to support others who do not live with you.	·).	\$	0.00
Specify:		19.	<u> </u>	0.00
	eal property expenses not included in lines 4 or 5 of this form or on Sc		our Income.	
	ortgages on other property	20a.		0.00
	eal estate taxes	20b.	\$	0.00
20c. Pro	roperty, homeowner's, or renter's insurance	20c.	\$	0.00
	aintenance, repair, and upkeep expenses	20d.	\$	0.00
	omeowner's association or condominium dues	20e.		0.00
Other: S			+\$	120.00
·				.23.00
	te your monthly expenses			
	d lines 4 through 21.	0	\$	3,411.00
	by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$	
22c. Add	I line 22a and 22b. The result is your monthly expenses.		\$	3,411.00
Calculate	te your monthly net income.			
	opy line 12 (your combined monthly income) from Schedule I.	23a.	\$	3,416.00
	ppy your monthly expenses from line 22c above.	23b.		3,411.00
_00. 00		200.		0,711.00
23c. Su	ubtract your monthly expenses from your monthly income.			
	ne result is your <i>monthly net income</i> .	23c.	\$	5.00

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: The rent is anticipated-she moved in with her mother after moving out of her mobile home and is looking for a place currently.

orm 106J Schedule J: Your Expenses 19-41211-mbm Doc 8 Filed 02/11/19 Entered 02/11/19 09:40:20 Page 21 of 29 Official Form 106J page 2

Fill in this inform	ation to identify yo	ur case:			
Debtor 1	Julie Jane Don	nbrow			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the	e: EASTERN DISTRICT (OF MICHIGAN		
	9-41211-mbm				
(if known)					☐ Check if this is an amended filing
Official Form Declarati	-	an Individual	Debtor's Sch	edules	12/15
If two married peo	ple are filing toget	her, both are equally respo	onsible for supplying correc	et information.	
obtaining money		d in connection with a ban	s or amended schedules. M kruptcy case can result in fi		
Sign	Below				
Did you pay	or agree to pay so	meone who is NOT an atto	rney to help you fill out ban	kruptcy forms?	
■ No					
Yes. Name of person Attach Bankruptcy Petition Prepare Declaration, and Signature (Official					
l ludor nonoli	v of monitume I doole	ave that I have road the assure	amary and schodules filed w	uith this deplayation on	

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Julie Jane Dombrow
Julie Jane Dombrow
Signature of Debtor 1

Signature of Debtor 2

Date **February 11, 2019**

Date

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Software Copyright (c) 1996-2018 Best Case, LLC - www.bestcase.com

Best Case Bankruptcy

Fill in this i	information to identify you	ar casa.			
Debtor 1					
Deptor i	Julie Jane Dom First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN		
Case numb	19-41211-mbm				Check if this is an amended filing
Statem Be as comp information	plete and accurate as poss	ible. If two married people , attach a separate sheet to	iduals Filing for B are filing together, both are to this form. On the top of an	equally responsible for su	
Part 1:	Give Details About Your M	arital Status and Where Yo	ou Lived Before		
1. What is	s your current marital state	us?			
П м:	arried				
_	ot married				
2. During	the last 3 years, have you	lived anywhere other than	n where you live now?		
_					
□ No		lived in the last 2 years. Do	not include where you live now		
■ Y6	es. List all of the places you	lived in the last 3 years. Do i	not include where you live nov	V.	
Debto	r 1 Prior Address:	Dates Debtor 1	1 Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there
	Shirewood Dr. , MI 48317	From-To: 2017	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
states and te	erritories include Arizona, Ca o es. Make sure you fill out Sc Explain the Sources of You	alifornia, Idaho, Louisiana, None de la lifornia, Idaho, Louisiana, None de la lifornia, Idaho, Louisiana, None de la lifornia, Idaho, Louisiana, None de la lifornia de la lifornia, Idaho, Louisiana, None de la lifornia	,	ico, Texas, Washington and	Wisconsin.)
Fill in th	ne total amount of income yo	ou received from all jobs and	ing a business during this you all businesses, including part we together, list it only once un	-time activities.	endar years?
■ No	o es. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filling a joint case and you have income that you received together, list it only once under Debtor 1.								
	List each	source and the	he gross income	from each source separat	ely. Do not include income	that you listed in lir	ne 4.		
	■ No								
	☐ Yes.	Fill in the de	tails.						
				btor 1		Debtor 2			
				urces of income scribe below.	Gross income from each source (before deductions and exclusions)	Sources of inc Describe below	<i>1</i> .	Gross income (before deductions and exclusions)	
Pai	t 3: List	Certain Pa	yments You Mad	le Before You Filed for I	Bankruptcy				
6.								total amount you lalimony. Also, do	
7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general part of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing ager a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child stallmony. No Yes. List all payments to an insider.					partner; corporations gent, including one fo				
		Name and		Dates of payme	nt Total amount	Amount you	Reason for t	his payment	
					paid	still owe			
8.	insider? Include pa	yments on d		or cosigned by an insider	any payments or transfer	any property on a	ccount of a de	bt that benefited an	
	Insider's	Name and	Address	Dates of payme		Amount you		his payment	
					paid	still owe	Include credit	or s name	

Debtor 1 Julie Jane Dombrow

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Case number (if known) 19-41211-mbm

Deb	otor 1	Julie Jane Dombrow		Case number (if	known)	19-41211-n	nbm	
Par	t 1·	Identify Legal Actions, Repossessions	and Foreclosures					
ıaı			•					
9.	List all	n 1 year before you filed for bankrupto: such matters, including personal injury of cations, and contract disputes.						
		lo 'es. Fill in the details.						
	Case Case	title number	Nature of the case	Court or agency		Status of the	e case	
10.		n 1 year before you filed for bankrupto all that apply and fill in the details below		erty repossessed, foreclosed, o	garnisł	ned, attached	, seized, or levied?	
	_	lo. Go to line 11. es. Fill in the information below.						
		itor Name and Address	Describe the Property		Date		Value of the	
			Explain what happened				property	
		Mortgage Company Market Street, Suite 100	Explain what happened		2018		\$4,623.00	
		xville, TN 37902	■ Property was repossessed.					
			☐ Property was foreclosed.					
			☐ Property was garnished.					
			☐ Property was attached	d, seized or levied.				
11.	accou	n 90 days before you filed for bankrupt ints or refuse to make a payment beca lo 'es. Fill in the details.		uding a bank or financial insti	tution,	set off any a	mounts from your	
		itor Name and Address	Describe the action the creditor took			action was	Amount	
12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?							
	_	lo 'co						
	ы т	'es						
Par	t 5:	List Certain Gifts and Contributions						
13.	_	n 2 years before you filed for bankrupt lo	cy, did you give any gifts	s with a total value of more tha	n \$600) per person?		
	□ Y	es. Fill in the details for each gift.						
		with a total value of more than \$600 erson	Describe the gifts		Dates the gif	you gave fts	Value	
	Perso Addre	on to Whom You Gave the Gift and ess:						
14.	■ N	n 2 years before you filed for bankrupt lo		s or contributions with a total v	value c	of more than \$	6600 to any charity?	
		es. Fill in the details for each gift or contr						
	more Chari	or contributions to charities that tota than \$600 ity's Name ess (Number, Street, City, State and ZIP Code)	ŕ			you buted	Value	
	,	(ambor, ourset, only, orace and 2m odde)						

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Deb	otor 1 Julie Jane Dombrow		Ca	ise number (if	19-41211-	mbm		
Par	t 6: List Certain Losses							
					: b of the	ft fine other disease.		
15.	Within 1 year before you filed for bankru or gambling?	iptcy or	since you filed for bankruptcy, did you	u iose anytn	ing because of the	rt, fire, other disaster,		
	■ No							
	☐ Yes. Fill in the details.							
			ibe any insurance coverage for the los	Date of your	Value of property			
	how the loss occurred		e the amount that insurance has paid. Lisn nce claims on line 33 of <i>Schedule A/B: Pr</i>		loss	lost		
Par	t 7: List Certain Payments or Transfer	s						
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition p	prepari	ng a bankruptcy petition?			rty to anyone you		
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid		Description and value of any proper	rty	Date payment	Amount of		
	Address Email or website address Person Who Made the Payment, if Not Y	You	transferred		or transfer was made	payment		
	Frego & Associates - The Bankrupt	tcy	Attorney Fees		Various Dates	\$100.00		
	Law							
	23843 Joy Road							
	Dearborn Heights, MI 48127 fregolaw@aol.com							
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.							
	■ No							
	Yes. Fill in the details.							
	Person Who Was Paid		Description and value of any property		Date payment	Amount of		
	Address		transferred		or transfer was made	payment		
18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?							
	Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not							
	include gifts and transfers that you have alr	ready lis	ted on this statement.					
	No							
	Yes. Fill in the details.		Description and value of			Data transfer was		
	Person Who Received Transfer Address				ny property or eceived or debts	Date transfer was made		
	Dana and analatic makin to your		,	paid in exc	hange			
	Person's relationship to you							
19.	Within 10 years before you filed for bank beneficiary? (These are often called asser			f-settled trus	st or similar device	of which you are a		
	■ No □ Yes. Fill in the details.							
	Name of trust		Description and value of the property transferred			Date Transfer was		
	Tunio of traot		2000 iphon and value of the propert	.,		made		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Debtor 1 Julie Jane Dombrow Case number (if known) 19-41211-mbm

Pa	nt 8: List of Certain Financial Accounts, Inst	truments, Safe Deposi	t Boxes, and	Storage Uni	ts				
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.								
	■ No	,							
	Yes. Fill in the details.								
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accinstrument	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing o transfe			
21.	Do you now have, or did you have within 1 yo cash, or other valuables?	ear before you filed for	bankruptcy,	any safe de	posit box or other depo	sitory for securities,			
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)		Who else had access to it? Address (Number, Street, City, State and ZIP Code)			Do you still have it?			
22.									
	Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?			
	Simply Self Storage 31755 23 Mile Rd Chesterfield, MI 48047	Julie Dombrow Fur 57511 Woodcreek, New Haven MI 48048		Furnitu	re	□ No ■ Yes			
Pa	art 9: Identify Property You Hold or Control f	or Someone Else							
23.	Do you hold or control any property that son for someone.	neone else owns? Incl	ude any prop	erty you bo	rrowed from, are storing	for, or hold in trust			
	■ No □ Yes. Fill in the details.								
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value			
Pa	art 10: Give Details About Environmental Info	rmation							
	r the purpose of Part 10, the following definitio								
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.								

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

24.	Has	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
		■ No							
		Yes. Fill in the details.							
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)	and	Environmental law, if you know it	Date of notice			
25.	Hav	Have you notified any governmental unit of any release of hazardous material?							
		■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)		Governmental unit Address (Number, Street, City, State & ZIP Code)	Address (Number, Street, City, State and		Date of notice			
26.	Hav	e you been a party in any judicial or adm	ninistrative proceeding under any en	viron	mental law? Include settlements a	nd orders.			
		No Yes. Fill in the details.							
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case			
Par	t 11:	Give Details About Your Business or 0	Connections to Any Business						
27.	Wit	nin 4 years before you filed for bankrupte	cy, did you own a business or have a	any of	f the following connections to any	business?			
		☐ A sole proprietor or self-employed in		-					
		☐ A member of a limited liability comp	any (LLC) or limited liability partners	ship (l	LLP)				
		□ A partner in a partnership							
		☐ An officer, director, or managing executive of a corporation							
		☐ An owner of at least 5% of the voting or equity securities of a corporation							
	_								
	_	No. None of the above applies. Go to P							
	□ B::	Yes. Check all that apply above and fill siness Name	Describe the nature of the business		Employer Identification number				
	Ad	dress			Do not include Social Security n	umber or ITIN.			
	(NU	mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	kkeeper Dates business existed					
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.								
		No							
		Yes. Fill in the details below.							
		me dress mber, Street, City, State and ZIP Code)	Date Issued						
		•							

Debtor	1 Julie Jane Dombrow	Ca	ase number (if known)	19-41211-mbm
Part 12	Sign Below			
are true with a b	ead the answers on this <i>Statement of Financial</i> and correct. I understand that making a false spankruptcy case can result in fines up to \$250,00°C. §§ 152, 1341, 1519, and 3571.	tatement, concealing property, or c	btaining money or	
/s/ Jul	ie Jane Dombrow			
	Jane Dombrow ure of Debtor 1	Signature of Debtor 2		
Date	February 11, 2019	Date		
Did you ■ No □ Yes	attach additional pages to Your Statement of F	inancial Affairs for Individuals Filin	ng for Bankruptcy (C	Official Form 107)?

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).